PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 2292 7590 12/06/2004				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
BIRCH STEWART KOLASCH & BIRCH, PO BOX 747 FALLS CHURCH, VA 22040-0747 02/28/2005 MBEYENE2 00000050 10078710 FFB 2 4 2005				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
05/58/5002 WRFAFWF5 00	1000050 10078710	[图]	3		• •	(Depositor's name)
01 FC:1501 02 FC:1504	1400.00 OP 300.00 OP	12				(Signature)
03 FC:8001	18.00 OF	MATE.	ADEMAS			(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN		INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/078,710	02/21/2002		Motohisa	Nishina	0033-0789P	6233
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO		_\$4370 1400		\$300	\$1670 700. 03/07/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS] ''	
LEE, BENNY T		2817		455-318000		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
	RESIDENCE DATA TO B					
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be a 37 CFR 3.11. Completion	clow, no assignee of this form is NO	data will appe Γa substitute f	ar on the patent. If an assign or filing an assignment.	nee is identified below, the o	locument has been filed for
(A) NAME OF ASSIGN	EE	(B) RESIDENC	E: (CITY and STATE OR CO	UNTRY)	
Sharp Kabus	shiki Kaisha		Osaka,	Japan		
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the pa	tent): 🗖 Individual 🚨 C	orporation or other private gr	oup entity Government
4a. The following fee(s) are enclosed:			4b. Payment of Fee(s):			
Issue Fee		A check in the amount of the fee(s) is enclosed.				

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NOTE: The Issue Fee and Publication Fee (if required will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Date February 24, 2005 Authorized Signature Typed or printed name Charles Gorenster Registration No. 29,271

Payment by credit card. Form PTO-2038 is attached.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Publication Fee (No small entity discount permitted)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Advance Order - # of Copies 6 (six)

5. Change in Entity Status (from status indicated above)

The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form).

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).